

LUPUS AND PREGNANCY

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High Risk Pregnancy

- Less than 50% of lupus pregnancies are complicated
- Increased risk of late miscarriage
- Increased risk of premature delivery
- Increased risk of pre-eclampsia
- Neonatal rash
- Neonatal congenital heart block

Planning For Pregnancy

- Meet with your rheumatologist
 - Screening labs
 - Kidney and Liver tests
 - SSA/SSB
 - Antiphospholipid & Anticardiolipin Antibodies

Planning For Pregnancy

- Medication review
 - Hydroxychloroquine (Plaquenil), Prednisone--safe throughout pregnancy
 - Azathioprine (Imuran)--safe in first and second trimesters
 - NSAIDs—safe only in first trimester
 - Methotrexate, Cyclophosphamide (Cytosan), Mycophenolate (CellCept), Leflunomide, ACE inhibitor, Warfarin (Coumadin--avoid during pregnancy

Planning For Pregnancy

- Timing of your pregnancy
- Obstetrician who specializes in high risk pregnancy
- Hospital with a neonatal intensive care unit
- Insurance plan coverage

Monitoring During Pregnancy

- General Guidelines
 - Stop smoking, consuming alcohol and recreational drugs
 - Reduce caffeine intake to less than 200 mcg/day
 - Take at least 400 mcg of Folic Acid daily
 - Test for Rubella, Varicella (chicken pox), HIV, Hepatitis, Group B vaginal strep

Monitoring During Pregnancy

- Antiphospholipid Antibody Syndrome
 - Placental blood clots
 - Decline In baby's growth rate
 - Second or third trimester miscarriages

Monitoring During Pregnancy

- Pre-eclampsia- sudden increase in blood pressure with swelling and proteinuria
 - One in every five lupus pregnancies
 - Common In women with hypertension, kidney disease
 - Common in women who smoke
 - Cured by delivery of the baby

Monitoring During Pregnancy

- Pre-term Delivery
 - Premature rupture of membranes
 - One in every three women with lupus delivers before completing 37 weeks of pregnancy
 - Hypertension in the second trimester is a predictor

Monitoring During Pregnancy

- Pre-term Delivery
 - Risk factors
 - Active lupus
 - High dose Prednisone
 - Pre-eclampsia
 - Kidney disease

Monitoring During Pregnancy

- Pre-term delivery symptoms
 - Backache and pelvic pressure
 - Vaginal leakage of blood or clear fluid
 - Abdominal cramps
 - Contractions occurring every 10 minutes or more

Monitoring During Pregnancy

- Congenital heart block
 - Abnormal heart rhythm detected by a fetal echocardiogram
 - Babies of mothers who test positive for SSA/SSB
 - If permanent, baby may require pacemaker

Monitoring During Pregnancy

- Lupus flare
 - Symptoms of pregnancy can mimic those of a lupus flare
 - Modify your activities, increase rest
 - Follow a well-balanced diet and avoid gaining excess weight

Delivery and After

- Delivery
 - C-section or vaginal
 - Stress dose steroids
- Follow Up Care
 - Lupus flares common within the first few months after delivery

Delivery and After

- Breastfeeding
 - Often difficult for premature baby to suckle
 - Mother of premature baby may have difficulty producing enough milk to breastfeed

Delivery and After

- Medication restrictions while breastfeeding
 - NSAIDs- Can be used but avoid aspirin unless prone to blood clots
 - Prednisone- Only in low doses of under 20mg per day
 - Antimalarials, Warfarin, Heparin- Safe to take while breastfeeding
 - Azathioprine and Cyclosporine- Best to avoid because small amount can enter breast milk
 - Cyclophosphamide and Methotrexate- Absolutely avoid

Delivery and After

- Neonatal lupus
 - Babies of mothers with SSA or SSB antibodies
 - Not the same as Mom's lupus
 - Red rash and abnormal blood counts
 - Signs and symptoms disappear within 6-8 months

Delivery and After

- Get support
 - Family, friends, health care providers
 - Lupus Foundation

LUPUS FOUNDATION OF AMERICA, GEORGIA CHAPTER

Contact the LFA, Georgia Chapter office
for the list of state wide Support Groups

(770)-333-5930

<https://www.lupus.org>